



The Hills Academy

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Web: www.thehillsacademy.co.uk

Headteacher: Mrs Moya Whitehead

Nursery Place Registration Form

Child's Name:..... M/F Date of Birth:.....

Parent Names:.....

Address:

Post Code Contact Telephone Numbers:

Where did you hear about The Hills?:

Email address:

Nursery Session Preference Form Place required: September _____

My preference for Nursery Sessions at The Hills would be:

	Mon	Tues	Weds	Thurs	Fri
Morning - 8.40-11.40					
Lunch - 11.45-					
Afternoon - 12.15-3.15					

Parent/Carer signature: Date: _____

Parent/Carer (Print Name):

Office Use Only

Due to Start Nursery		Due to Start Reception	
Date form handed in		First Letter Sent	
Date entered on s/sheet		Place Offered	
Visit Date		Reply Received	
Home Visit Date		Start Date	